

OMA Baseline Mapping

Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
1A	No	No	Yes	Yes	Yes	Yes	Add Baseline	Episode ID	Baseline	ClinicalEpisodeID	unique identifier	16	
2A	No	No	Yes	Yes	Yes	Yes	Add Baseline	Date Created	Baseline	Date_Created	datetime	8	
3A	No	No	Yes	Yes	Yes	Yes	Add Baseline	User Created	Baseline	User_Created	nvarchar	50	
4A	No	No	Yes	Yes	Yes	Yes	Add Baseline	Assessment Completed By	Baseline	AI_Assessment_Comp_By	nvarchar	50	Moved from Admin Info
5A	No	No	Yes	Yes	Yes	Yes	Add Baseline	Assessment Date	Baseline	AI_Assessment_Date	datetime	8	Moved from Admin Info
1B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	Partnership Date	Baseline_AdminInfo	AI_Partnership_Date	datetime	8	
2B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	Partnership Service Coordinator (Last Name)	Baseline_AdminInfo	AI_Partnership_SvcCoordinatorID	varchar	20	
	Yes	No	Yes	Yes	Yes	Yes	Admin Info	Assessment Date	Baseline_AdminInfo	AI_Assessment_Date	datetime	8	Moved to Add Baseline
	Yes	No	Yes	Yes	Yes	Yes	Admin Info	Assessment Completed By:	Baseline_AdminInfo	AI_Assessment_Comp_By	nvarchar	50	Moved to Add Baseline
3B	No	Yes	Yes	Yes	Yes	Yes	Admin Info	Who referred the client? (select one) [Radio Button]	Baseline_AdminInfo	AI_ReferrerID	int	4	
4B	No	Yes	No	Yes	Yes	Yes	Admin Info	AB2034 [check box]	Baseline_AdminInfo	AI_CI_AB2034	bit	1	
5B	No	Yes	No	Yes	Yes	Yes	Admin Info	Governor's Homeless Initiative (GHI) [check box]	Baseline_AdminInfo	AI_CI_GHI	bit	1	
	Yes	Yes	No	Yes	No	No	Admin Info	Transition Age Youth Program [check box]	Baseline_AdminInfo	AI_CI_TAY	bit	4	
6B	No	Yes	No	Yes	Yes	Yes		MHSA Housing Program	Baseline_AdminInfo	AI_CI_MHSA_Housing	bit	1	Added
	Yes	No	No	Yes	Yes	Yes	Admin Info	Homeless or currently at risk of homelessness [check box]	Baseline_AdminInfo	AI_FocalPop_Homeless	bit	4	
	Yes	No	No	No	No	No	Admin Info	List the number of days homeless over the past 12 months	Baseline_AdminInfo	AI_FocalPop_Num_Days_Homeless	int	4	
	Yes	No	No	No	No	Yes	Admin Info	At imminent risk of homelessness (e.g., at risk of eviction due to code violations) [check box]	Baseline_AdminInfo	AI_FocalPop_RiskHomeleneess	bit	4	
	Yes	No	No	Yes	No	No	Admin Info	(Indicate current living situation	Baseline_AdminInfo	AI_FocalPop_CurrLivingSituation	varchar	400	
	Yes	No	No	Yes	No	No	Admin Info	Youth aging out of:					
	Yes	No	No	Yes	No	No	Admin Info	Child mental health system [check box]	Baseline_AdminInfo	AI_FocalPop_YA_MHS	bit	4	
	Yes	No	No	Yes	No	No	Admin Info	Child welfare system and/or [check box]	Baseline_AdminInfo	AI_FocalPop_YA_Welfare	bit	4	
	Yes	No	No	Yes	No	No	Admin Info	Juvenile justice system [check box]	Baseline_AdminInfo	AI_FocalPop_YA_JJS	bit	4	
	Yes	No	No	No	Yes	Yes	Admin Info	Jail [check box]	Baseline_AdminInfo	AI_FocalPop_Jail	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	List the number of days incarcerated over the past 12 months	Baseline_AdminInfo	AI_FocalPop_Num_Days_Jail	int	4	
	Yes	No	No	No	No	Yes	Admin Info	Risk of going to jail (e.g., multiple interactions with law enforcement over 6 months or more) [check box]	Baseline_AdminInfo	AI_FocalPop_RiskJail			
	Yes	No	No	Yes	No	No	Admin Info	Youth leaving long-term institutional care:					
	Yes	No	No	Yes	No	No	Admin Info	Level 12-14 group homes [check box]	Baseline_AdminInfo	AI_FocalPop_Lvl1214_GroupHomes	bit	4	
	Yes	No	No	Yes	No	No	Admin Info	Community Treatment Facility (CTF) [check box]	Baseline_AdminInfo	AI_FocalPop_CTF	bit	4	
	Yes	No	No	Yes	Yes	No	Admin Info	Institution of Mental Disease (IMD) [check box]	Baseline_AdminInfo	AI_FocalPop_IMD	bit	4	
	Yes	No	No	Yes	Yes	No	Admin Info	State Hospital and/or [check box]	Baseline_AdminInfo	AI_FocalPop_StateHospital	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	Hospitalization [check box]	Baseline_AdminInfo	AI_FocalPop_Ervisits	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	List the number of acute psychiatric inpatient days	Baseline_AdminInfo	AI_FocalPop_Ervisits_num	int	4	
	Yes	No	No	Yes	No	No	Admin Info	Probation Camps [check box]	Baseline_AdminInfo	AI_FocalPop_ProbCamp	bit	4	
	Yes	No	No	Yes	No	No	Admin Info	Estimated discharge date:	Baseline_AdminInfo	AI_FocalPop_YLLTIC_EstimateDDate	datetime	8	
	Yes	No	No	Yes	No	No	Admin Info	Youth experiencing first psychotic break [check box]	Baseline_AdminInfo	AI_FocalPop_1stPsychoBreak	bit	4	
	Yes	No	No	No	Yes	No	Admin Info	Psychiatric Emergency Services [check one]	Baseline_AdminInfo	AI_FocalPop_PsychEmergSvcs	bit	4	
	Yes	No	No	No	Yes	No	Admin Info	Urgent Care [check one]	Baseline_AdminInfo	AI_FocalPop_UrgentCareCtr	bit	4	
	Yes	No	No	No	Yes	No	Admin Info	County Hospital [check one]	Baseline_AdminInfo	AI_FocalPop_CountyHospital	bit	4	
	Yes	No	No	No	Yes	No	Admin Info	Fee for Service Hospital [check one]	Baseline_AdminInfo	AI_FocalPop_FSP	bit	4	
	Yes	No	No	Yes	Yes	No	Admin Info	Other, [check box]	Baseline_AdminInfo	AI_FocalPop_Other	bit	4	
	Yes	No	No	Yes	Yes	No	Admin Info	describe:	Baseline_AdminInfo	AI_FocalPop_OtherSpecify	varchar	50	

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	Yes	No	No	No	Yes	No	Admin Info	Living with family members without whose support the individual would be Imminent Risk of Homelessness or institutionalization. [check one]	Baseline_AdminInfo	AI_FocalPop_FamilyImminentRisk	bit	4	
	Yes	No	No	No	Yes	No	Admin Info	Specify:	Baseline_AdminInfo	AI_FocalPop_FamilyImminentRiskSpecify	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	Imminent risk of being placed in a Skilled Nursing Facility (SNF) or Nursing Home [check box]	Baseline_AdminInfo	AI_FocalPop_RiskSNF	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	Being released from SNF/Nursing Home [check box]	Baseline_AdminInfo	AI_FocalPop_ReleasedSNF	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	What facility?	Baseline_AdminInfo	AI_FocalPop_ReleasedSNF_facility	varchar	400	
	Yes	No	No	No	No	Yes	Admin Info	Indicate FSP focal population for an Older Adult client with serious mental illness. Presence of a co-occurring disorder: Substance Abuse [check box]	Baseline_AdminInfo	AI_FocalPop_SubAbuse	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	Developmental Disorder [check box]	Baseline_AdminInfo	AI_FocalPop_DevDisorder	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	Medical Disorder [check box]	Baseline_AdminInfo	AI_FocalPop_MedicalDisorder	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	Cognitive Disorder [check box]	Baseline_AdminInfo	AI_FocalPop_CogDisorder	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	Client has a recurrent history or is at risk of abuse or self-neglect who are typically isolated (e.g. APS - referred clients) [check box]	Baseline_AdminInfo	AI_FocalPop_RiskAbuse_SelfNeglect	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	At risk of suicide [check box]	Baseline_AdminInfo	AI_FocalPop_RiskSuicide	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	Current enrollment in an ACT/AB2034 program and is aging up in the system [check box]	Baseline_AdminInfo	AI_FocalPop_ACTAB2034	bit	4	
	Yes	No	No	No	No	Yes	Admin Info	ACT/AB2034 Program	Baseline_AdminInfo	AI_FocalPop_ACTAB2034_program	varchar	400	
7B	No	No	Yes	Yes	Yes	Yes	Admin Info	Date Modified	Baseline_AdminInfo	AI_Date_Modified	datetime	8	
8B	No	No	Yes	Yes	Yes	Yes	Admin Info	Modified By	Baseline_AdminInfo	AI_Modified_By	varchar	50	Added
1C	No	Yes	Yes	Yes	Yes	Yes	Living Arrangements	Residential Type [Dropdown List]	1_LivingArrangement_ResidentialType	1_ResidentialTypeID	int	4	
2C	No	No	Yes	Yes	Yes	Yes	Living Arrangements	From	1_LivingArrangement_ResidentialType	1_DateFrom	datetime	8	
3C	No	No	Yes	Yes	Yes	Yes	Living Arrangements	To	1_LivingArrangement_ResidentialType	1_DateTo	datetime	8	
4C	No	Yes	Yes	Yes	Yes	Yes	Living Arrangements	Tonight (check one)	1_LivingArrangement_ResidentialType	1_Tonight	bit	1	
5C	No	Yes	Yes	Yes	Yes	Yes	Living Arrangements	Yesterday (as of 11:59 pm the day BEFORE partnership began) (check one)	1_LivingArrangement_ResidentialType	1_Current	bit	1	
6C	No	Yes	Yes	Yes	Yes	Yes	Living Arrangements	DURING THE PAST 12 MONTHS indicate the TOTAL: Number of Occurrences	1_LivingArrangement_ResidentialType	1_Num_Occurances	int	4	
7C	No	Yes	Yes	Yes	Yes	Yes	Living Arrangements	Number of Days (must = 365)	1_LivingArrangement_ResidentialType	1_Num_Days	int	4	
8C	No	Yes	Yes	Yes	Yes	Yes	Living Arrangements	PRIOR TO THE LAST 12 MONTHS (check all that apply)	1_LivingArrangement_ResidentialType	1_Days_Prior_to_Partnership	bit	1	
9C	No	No	Yes	Yes	Yes	Yes	Living Arrangements	Total Days:	N/A	N/A	int	4	Field only on App. Not on DB. For Validation
10C	No	No	Yes	Yes	No	Yes	Living Arrangements	Is the client at risk of being removed from their CURRENT living arrangement? [Yes/No]	1_LivingArrangement	1_Remove_Risk	varchar	10	
11C	No	No	Yes	Yes	No	Yes	Living Arrangements	Is the client's CURRENT living arrangement suitable? (According to clinician / FSP Team) [Yes/No]	1_LivingArrangement	1_Arrangement_Suitable	varchar	10	

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12C	No	No	Yes	Yes	No	Yes	Living Arrangements	Is the CURRENT living arrangement in the least restrictive setting? (According to clinician / FSP Team) [Yes/No]	1_LivingArrangement	1_Least_Restrictive	varchar	10	
13C	No	No	Yes	Yes	No	Yes	Living Arrangements	Is the client satisfied with the CURRENT living arrangement? [Yes/No]	1_LivingArrangement	1_Satisfied	varchar	10	
14C	No	No	Yes	Yes	No	No	Living Arrangements	Have there been Suspected Dependent Adult Abuse reports made related to living arrangements IN THE LAST 12 MONTHS? [Yes/No]	1_LivingArrangement	1_Suspected	varchar	10	
15C	No	No	No	Yes	No	Yes	Living Arrangements	Have there been Suspected Child Abuse reports made related to living arrangements? [Yes/No]	1_LivingArrangement	1_Susp_Dep_Adult_Abuse	varchar	10	
16C	No	No	Yes	Yes	No	Yes	Living Arrangements	Have there been incidents of violence related to living arrangements IN THE LAST 12 MONTHS? [Yes/No]	1_LivingArrangement	1_Violence_Incident	varchar	10	
17C	No	No	Yes	Yes	No	Yes	Living Arrangements	Date Modified	1_LivingArrangement	1_Date_Modified	datetime	8	
18C	No	No	Yes	Yes	No	Yes	Living Arrangements	Modified By	1_LivingArrangement	1_Modified_By	varchar	50	Added
1D	No	No	Yes	Yes	No	Yes	Social Support	Socializes with others [Yes/No]	2_Social_Support	2_Socializes	varchar	10	
2D	No	No	Yes	Yes	No	Yes	Social Support	Receives spiritual support [Yes/No]	2_Social_Support	2_Support	varchar	10	
3D	No	No	Yes	Yes	No	Yes	Social Support	Develops and maintains friendships [Yes/No]	2_Social_Support	2_Develops	varchar	10	
4D	No	No	Yes	Yes	No	Yes	Social Support	Requires protection from abuse [Yes/No]	2_Social_Support	2_Protection	varchar	10	
5D	No	No	Yes	Yes	No	Yes	Social Support	Client has age appropriate, positive peer relationships? [Yes/No]	2_Social_Support	2_Age_Appropriate_Rel	varchar	10	
6D	No	No	Yes	Yes	No	Yes	Social Support	Client has age appropriate involvement in family? [Yes/No]	2_Social_Support	2_Age_Appropriate_Fam	varchar	10	
7D	No	No	Yes	Yes	No	Yes	Social Support	Client has supportive interactions / relationships with: Parent [Yes/No]	2_Social_Support	2_Supportive_Parent	varchar	10	
8D	No	No	Yes	Yes	No	Yes	Social Support	Family [Yes/No]	2_Social_Support	2_Supportive_Family	varchar	10	
9D	No	No	Yes	Yes	No	Yes	Social Support	Caregiver [Yes/No]	2_Social_Support	2_Supportive_Caregiver	varchar	10	
10D	No	No	Yes	Yes	No	Yes	Social Support	Is the family or significant other(s) involved in the client's treatment? [Yes/No]	2_Social_Support	2_Fam_Involved	varchar	10	
11D	No	No	Yes	Yes	No	Yes	Social Support	Client has access to at least one stable, supportive adult? [Yes/No]	2_Social_Support	2_Supportive_Adult	varchar	10	
12D	No	No	Yes	Yes	No	Yes	Social Support	Date Modified	2_Social_Support	2_Date_Modified	datetime	8	
13D	No	No	Yes	Yes	No	Yes	Social Support	Modified By	2_Social_Support	2_Modified_By	varchar	50	Added
1E	No	No	Yes	Yes	Yes	Yes	Financial	Medi-Cal [check box]	3_Financial	3_B_Medi_Cal	bit	1	
2E	No	No	Yes	Yes	Yes	Yes	Financial	Medicare [check box]	3_Financial	3_B_Medicare	bit	1	
3E	No	No	Yes	Yes	Yes	Yes	Financial	Veteran's Assistance (VA) Benefits [check box]	3_Financial	3_B_VA_Benefits	bit	1	
4E	No	No	Yes	Yes	No	No	Financial	AB3632 / SB90 [check box]	3_Financial	3_B_AB3632_SB90	bit	1	
5E	No	No	Yes	Yes	No	No	Financial	Healthy Family [check box]	3_Financial	3_B_Healthy_Families	bit	1	
6E	No	No	Yes	Yes	Yes	Yes	Financial	Participant in CalWORKs [check box]	3_Financial	3_B_CalWORKs	bit	1	
7E	No	No	Yes	Yes	Yes	Yes	Financial	Private Insurance [check box]	3_Financial	3_B_Private_Insurance	bit	1	
8E	No	No	Yes	Yes	Yes	Yes	Financial	HMO [check box]	3_Financial	3_B_HMO	bit	1	
9E	No	No	Yes	Yes	No	No	Financial	Healthy Kids [check box]	3_Financial	3_B_Healthy_Kids	bit	1	
10E	No	Yes	Yes	Yes	No	No	Financial	Caregiver's Wages (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Caregivers_Wages	bit	1	
11E	No	No	Yes	Yes	No	No	Financial	Caregiver's Wages (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Caregivers_Wages_Amount	money	8	
12E	No	Yes	Yes	Yes	No	No	Financial	Caregiver's Wage (CURRENT) [check box]	3_Financial	3_Current_Caregivers_Wages	bit	1	

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13E	No	No	Yes	Yes	No	No	Financial	Caregiver's Wage (CURRENT) Monthly Average Amount	3_Financial	3_Current_Caregivers_Wages_Amount	money	8	
14E	No	Yes	Yes	Yes	Yes	Yes	Financial	Client's Wages (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Wages	bit	1	
15E	No	No	Yes	Yes	Yes	Yes	Financial	Client's Wages (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Wages_Amount	money	8	
16E	No	Yes	Yes	Yes	Yes	Yes	Financial	Client's Wages (CURRENT) [check box]	3_Financial	3_Current_Wages	bit	1	
17E	No	No	Yes	Yes	Yes	Yes	Financial	Client's Wages (CURRENT) Monthly Average Amount	3_Financial	3_Current_Wages_Amount	money	8	
18E	No	Yes	Yes	Yes	Yes	Yes	Financial	Client's Spouse / Significant Other's Wages (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Spouse_Wages	bit	1	
19E	No	No	Yes	Yes	Yes	Yes	Financial	Client's Spouse / Significant Other's Wages (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Spouse_Wages_Amount	money	8	
20E	No	Yes	Yes	Yes	Yes	Yes	Financial	Client's Spouse / Significant Other's Wages (CURRENT) [check box]	3_Financial	3_Current_Spouse_Wages	bit	1	
21E	No	No	Yes	Yes	Yes	Yes	Financial	Client's Spouse / Significant Other's Wages (CURRENT) Monthly Average Amount	3_Financial	3_Current_Spouse_Wages_Amount	money	8	
22E	No	Yes	Yes	Yes	Yes	Yes	Financial	Savings (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Savings	bit	1	
23E	No	No	Yes	Yes	Yes	Yes	Financial	Savings (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Savings_Amount	money	8	
24E	No	Yes	Yes	Yes	Yes	Yes	Financial	Savings (CURRENT) [check box]	3_Financial	3_Current_Savings	bit	1	
25E	No	No	Yes	Yes	Yes	Yes	Financial	Savings (CURRENT) Monthly Average Amount	3_Financial	3_Current_Savings_Amount	money	8	
26E	No	Yes	Yes	Yes	Yes	Yes	Financial	Other Family Member / Friend (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Family_Support	bit	1	
27E	No	No	Yes	Yes	Yes	Yes	Financial	Other Family Member / Friend (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Family_Support_Amount	money	8	
28E	No	Yes	Yes	Yes	Yes	Yes	Financial	Other Family Member / Friend (CURRENT) [check box]	3_Financial	3_Current_Family_Support	bit	1	
29E	No	No	Yes	Yes	Yes	Yes	Financial	Other Family Member / Friend (CURRENT) Monthly Average Amount (CURRENT)	3_Financial	3_Current_Family_Support_Amount	money	8	
30E	No	Yes	Yes	Yes	Yes	Yes	Financial	Retirement / Social Security Income (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Retirement	bit	1	
31E	No	No	Yes	Yes	Yes	Yes	Financial	Retirement / Social Security Income (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Retirement_Amount	money	8	
32E	No	Yes	Yes	Yes	Yes	Yes	Financial	Retirement / Social Security Income (CURRENT) [check box]	3_Financial	3_Current_Retirement	bit	1	
33E	No	No	Yes	Yes	Yes	Yes	Financial	Retirement / Social Security Income (CURRENT) Monthly Average Amount	3_Financial	3_Current_Retirement_Amount	money	8	
34E	No	Yes	Yes	Yes	Yes	Yes	Financial	Veteran's Assistance (VA) Benefits (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_VA_Benefits	bit	1	
35E	No	No	Yes	Yes	Yes	Yes	Financial	Veteran's Assistance (VA) Benefits (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_VA_Benefits_Amount	money	8	

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36E	No	Yes	Yes	Yes	Yes	Yes	Financial	Veteran's Assistance (VA) Benefits (CURRENT) [check box]	3_Financial	3_Current_VA_Benefits	bit	1	
37E	No	No	Yes	Yes	Yes	Yes	Financial	Veteran's Assistance (VA) Benefits (CURRENT) Monthly Average Amount	3_Financial	3_Current_VA_Benefits_Amount	money	8	
38E	No	Yes	Yes	Yes	Yes	Yes	Financial	Loan / Credit (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Loan	bit	1	
39E	No	No	Yes	Yes	Yes	Yes	Financial	Loan / Credit (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Loan_Amount	money	8	
40E	No	Yes	Yes	Yes	Yes	Yes	Financial	Loan / Credit (CURRENT) [check box]	3_Financial	3_Current_Loan	bit	1	
41E	No	No	Yes	Yes	Yes	Yes	Financial	Loan / Credit (CURRENT) Monthly Average Amount	3_Financial	3_Current_Loan_Amount	money	8	
42E	No	Yes	Yes	Yes	Yes	Yes	Financial	Housing Subsidy (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Housing	bit	1	
43E	No	No	Yes	Yes	Yes	Yes	Financial	Housing Subsidy (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Housing_Amount	money	8	
44E	No	Yes	Yes	Yes	Yes	Yes	Financial	Housing Subsidy (CURRENT) [check box]	3_Financial	3_Current_Housing	bit	1	
45E	No	No	Yes	Yes	Yes	Yes	Financial	Housing Subsidy (CURRENT) Monthly Average Amount	3_Financial	3_Current_Housing_Amount	money	8	
46E	No	Yes	Yes	Yes	Yes	Yes	Financial	General Relief (GR) / General Assistance (GA) (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_GR_GA	bit	1	
47E	No	No	Yes	Yes	Yes	Yes	Financial	General Relief (GR) / General Assistance (GA) (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_GR_Amount	money	8	
48E	No	Yes	Yes	Yes	Yes	Yes	Financial	General Relief (GR) / General Assistance (GA) (Current) [check box]	3_Financial	3_Current_GR_GA	bit	1	
49E	No	No	Yes	Yes	Yes	Yes	Financial	General Relief (GR) / General Assistance (GA) (Current) Monthly Average Amount	3_Financial	3_Current_GR_GA_Amount	money	8	
50E	No	Yes	Yes	Yes	Yes	Yes	Financial	Food Stamps (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Food_Stamps	bit	1	
51E	No	No	Yes	Yes	Yes	Yes	Financial	Food Stamps (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Food_Stamps_Amount	money	8	
52E	No	Yes	Yes	Yes	Yes	Yes	Financial	Food Stamps (CURRENT) [check box]	3_Financial	3_Current_Food_Stamps	bit	1	
53E	No	No	Yes	Yes	Yes	Yes	Financial	Food Stamps (CURRENT) Monthly Average Amount	3_Financial	3_Current_Food_Stamps_Amount	money	8	
54E	No	Yes	Yes	Yes	Yes	Yes	Financial	Temporary Assistance for Needy Families (TANF) / CalWORKs (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_TANF	bit	1	
55E	No	No	Yes	Yes	Yes	Yes	Financial	Temporary Assistance for Needy Families (TANF) / CalWORKs (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_TANF_Amount	money	8	
56E	No	Yes	Yes	Yes	Yes	Yes	Financial	Temporary Assistance for Needy Families (TANF) / CalWORKs (CURRENT) [check box]	3_Financial	3_Current_TANF	bit	1	
57E	No	No	Yes	Yes	Yes	Yes	Financial	Temporary Assistance for Needy Families (TANF) / CalWORKs (CURRENT) Current Monthly Average Amount	3_Financial	3_Current_TANF_Amount	money	8	
58E	No	Yes	Yes	Yes	Yes	Yes	Financial	Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_SSI_SSDI	bit	1	

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59E	No	No	Yes	Yes	Yes	Yes	Financial	Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_SSI_Amount	money	8	
60E	No	Yes	Yes	Yes	Yes	Yes	Financial	Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program (CURRENT) [check box]	3_Financial	3_Current_SSI	bit	1	
61E	No	No	Yes	Yes	Yes	Yes	Financial	Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program (CURRENT) Monthly Average Amount	3_Financial	3_Current_SSI_Amount	money	8	
62E	No	Yes	Yes	Yes	Yes	Yes	Financial	Social Security Disability Insurance (SSDI) (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_SSDI	bit	1	
63E	No	No	Yes	Yes	Yes	Yes	Financial	Social Security Disability Insurance (SSDI) (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_SSDI_Amount	money	8	
64E	No	Yes	Yes	Yes	Yes	Yes	Financial	Social Security Disability Insurance (SSDI) (CURRENT) [check box]	3_Financial	3_Current_SSDI	bit	1	
65E	No	No	Yes	Yes	Yes	Yes	Financial	Social Security Disability Insurance (SSDI) (CURRENT) Current Monthly Average Amount	3_Financial	3_Current_SSDI_Amount	money	8	
66E	No	Yes	Yes	Yes	Yes	Yes	Financial	State Disability Insurance (SDI) (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_SDI	bit	1	
67E	No	No	Yes	Yes	Yes	Yes	Financial	State Disability Insurance (SDI) (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_SDI_Amount	money	8	
68E	No	Yes	Yes	Yes	Yes	Yes	Financial	State Disability Insurance (SDI) (CURRENT) [check box]	3_Financial	3_Current_SDI	bit	1	
69E	No	No	Yes	Yes	Yes	Yes	Financial	State Disability Insurance (SDI) (CURRENT) Monthly Average Amount	3_Financial	3_Current_SDI_Amount	money	8	
70E	No	Yes	Yes	Yes	Yes	Yes	Financial	American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_AITB	bit	1	
71E	No	No	Yes	Yes	Yes	Yes	Financial	American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_AITB_Amount	money	8	
72E	No	Yes	Yes	Yes	Yes	Yes	Financial	American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) (CURRENT) [check box]	3_Financial	3_Current_AITB	bit	1	
73E	No	No	Yes	Yes	Yes	Yes	Financial	American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) (CURRENT) Monthly Average Amount	3_Financial	3_Current_AITB_Amount	money	8	
74E	No	No	Yes	Yes	Yes	Yes	Financial	Unemployment (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Unemployment	bit	1	
75E	No	No	Yes	Yes	Yes	Yes	Financial	Unemployment (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Unemployment_Amount	money	8	
76E	No	No	Yes	Yes	Yes	Yes	Financial	Unemployment (CURRENT) [check box]	3_Financial	3_Current_Unemployment	bit	1	
77E	No	No	Yes	Yes	Yes	Yes	Financial	Unemployment (CURRENT) Monthly Average Amount	3_Financial	3_Current_Unemployment_Amount	money	8	
78E	No	Yes	Yes	Yes	Yes	Yes	Financial	Child Support (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Child_Support	bit	1	

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79E	No	No	Yes	Yes	Yes	Yes	Financial	Child Support (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Child_Support_Amount	money	8	
80E	No	Yes	Yes	Yes	Yes	Yes	Financial	Child Support (CURRENT) [check box]	3_Financial	3_Current_Child_Support	bit	1	
81E	No	No	Yes	Yes	Yes	Yes	Financial	Child Support (CURRENT) Monthly Average Amount	3_Financial	3_Current_Child_Support_Amount	money	8	
82E	No	Yes	Yes	Yes	Yes	Yes	Financial	Other (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_Other	bit	1	
83E	No	No	Yes	Yes	Yes	Yes	Financial	Other (DURING THE PAST 12 MONTHS) Monthly Average Amount	3_Financial	3_12Mo_Other_Amount	money	8	
84E	No	Yes	Yes	Yes	Yes	Yes	Financial	Other (CURRENT) [check box]	3_Financial	3_Current_Other	bit	1	
85E	No	No	Yes	Yes	Yes	Yes	Financial	Other (CURRENT) Monthly Average Amount	3_Financial	3_Current_Other_Amount	money	8	
86E	No	Yes	Yes	Yes	Yes	Yes	Financial	No Financial Support (DURING THE PAST 12 MONTHS) [check box]	3_Financial	3_12Mo_No_Fin_Support	bit	1	
87E	No	Yes	Yes	Yes	Yes	Yes	Financial	No Financial Support (CURRENT) [check box]	3_Financial	3_Current_No_Fin_Support	bit	1	
88E	No	Yes	Yes	Yes	Yes	Yes	Financial	Does the client CURRENTLY have a Payee? [Yes/No]	3_Financial	3_Current_Payee	varchar	10	Corrected Field Name
	Yes	No	Yes	Yes	Yes	Yes	Financial	If yes, with whom?	3_Financial	3_Current_Payee_Name	nvarchar	50	
89E	No	Yes	Yes	Yes	Yes	Yes	Financial	Has the client had a Payee for finances IN THE LAST 12 MONTHS? [Yes/No]	3_Financial	3_12Mo_Payee_Finances	varchar	10	
90E	No	Yes	Yes	Yes	Yes	Yes	Financial	Did the client have a Payee anytime PRIOR to the last 12 months? [Yes/No]	3_Financial	3_Prior_Payee	varchar	10	
91E	No	No	Yes	Yes	Yes	Yes	Financial	Date Modified	3_Financial	3_Date_Modified	datetime	8	
92E	No	No	Yes	Yes	Yes	Yes	Financial	Modified By	3_Financial	3_Modified_By	varchar	50	Added
1F	No	No	No	No	No	Yes	DA/V/EL	Adult Day Health Care [check box]	4_DAVEL	4_Adult_Day_Care	bit	1	
2F	No	No	No	No	No	Yes	DA/V/EL	Senior Center Participation [check box]	4_DAVEL	4_Adult_Senior_Center	bit	1	
3F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Highest Level of Education Attained (select one): [Radio Button]	4_DAVEL	4_HLEA	nvarchar	100	
4F	No	No	No	Yes	No	No	DA/V/EL	Is the client required by law to attend school? [Yes/No]	4_DAVEL	4_Req_Attend_School	varchar	10	
								<u>Educational Settings During The Past 12 Months</u>					
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Not in school of any kind From	4_DAVEL	4_NIS_Date_From	datetime	8	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Not in school of any kind To	4_DAVEL	4_NIS_Date_To	datetime	8	
5F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Not in school of any kind (Past 12 Months) Number of Weeks	4_DAVEL	4_NIS_Num_Weeks	int	4	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	High School / GED Preparation / Adult Education From:	4_DAVEL	4_HSGED_Date_From	datetime	8	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	High School / GED Preparation / Adult Education To	4_DAVEL	4_HSGED_Date_To	datetime	8	
6F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	High School / GED Preparation / Adult Education (Past 12 Months) Number of Weeks	4_DAVEL	4_HSGED_Num_Weeks	int	4	
7F	No	No	No	Yes	Yes	Yes	DA/V/EL	High School / GED Preparation / Adult Education (Past 12 Months) Average Number of Hours per Week	4_DAVEL	4_HSGED_Avg_Hours	int	4	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Technical / Vocational school From	4_DAVEL	4_TVS_Date_From	datetime	8	

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	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Technical / Vocational school To	4_DAVEL	4_TVS_Date_To	datetime	8	
8F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Technical / Vocational School (Past 12 Months) Number of Weeks	4_DAVEL	4_TVS_Num_Weeks	int	4	
9F	No	No	No	Yes	Yes	Yes	DA/V/EL	Technical / Vocational School (Past 12 Months) Average Number of Hours per Week	4_DAVEL	4_TVS_Avg_Hours	int	4	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Community College / 4-year College From	4_DAVEL	4_CC_Date_From	datetime	8	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Community College / 4-year College To	4_DAVEL	4_CC_Date_To	datetime	8	
10F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Community College / 4 year College (Past 12 Months) Number of Weeks	4_DAVEL	4_CC_Num_Weeks	int	4	
11F	No	No	No	Yes	Yes	Yes	DA/V/EL	Community College / 4 year College (Past 12 Months) Average Number of Hours per Week	4_DAVEL	4_CC_Avg_Hours	int	4	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Graduate School From	4_DAVEL	4_GS_Date_From	datetime	8	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Graduate School To	4_DAVEL	4_GS_Date_To	datetime	8	
12F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Graduate School Past 12 Months) Number of Weeks	4_DAVEL	4_GS_Num_Weeks	int	4	
13F	No	No	No	Yes	Yes	Yes	DA/V/EL	Graduate School (Past 12 Months) Average Number of Hours per Week	4_DAVEL	4_GS_Avg_Hours	int	4	
	Yes	No	No	Yes	No	No	DA/V/EL	Alternative Educational Setting From	4_DAVEL	4_AES_Date_From	datetime	8	
	Yes	No	No	Yes	No	No	DA/V/EL	Alternative Educational Setting To	4_DAVEL	4_AES_Date_To	datetime	8	
14F	No	No	No	Yes	No	No	DA/V/EL	Alternative Educational Setting (Past 12 Months) Number of Weeks	4_DAVEL	4_AES_Num_Weeks	int	4	
15F	No	No	No	Yes	No	No	DA/V/EL	Alternative Educational Setting (Past 12 Months) Average Number of Hours per Week	4_DAVEL	4_AES_Avg_Hours	int	4	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Other From	4_DAVEL	4_Other_Date_From	datetime	8	
	Yes	No	No	Yes	Yes	Yes	DA/V/EL	Other To	4_DAVEL	4_Other_Date_To	datetime	8	
16F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Other (Past 12 Months) Number of Weeks	4_DAVEL	4_Other_Num_Weeks	int	4	
17F	No	No	No	Yes	Yes	Yes	DA/V/EL	Other (Past 12 Months) Average Number of Hours per Week	4_DAVEL	4_Other_Avg_Hours	int	4	
18F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Not in school of any kind (Current) [check box]	4_DAVEL	4_CES_No_School	bit	1	
19F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	High School / GED Preparation / Adult Education (Current) [check box]	4_DAVEL	4_CES_High_School	bit	1	
20F	No	No	No	Yes	Yes	Yes	DA/V/EL	High School / GED Preparation / Adult Education (Current) Average Number of Hours per Week	4_DAVEL	4_CES_High_School_Hrs	int	4	
21F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Technical / Vocational School (Current) [check box]	4_DAVEL	4_CES_Tech	bit	1	
22F	No	No	No	Yes	Yes	Yes	DA/V/EL	Technical / Vocational School (Current) Average Number of Hours per Week	4_DAVEL	4_CES_Tech_Hrs	int	4	
23F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Community College / 4 year College (Current) [check box]	4_DAVEL	4_CES_Community	bit	1	



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24F	No	No	No	Yes	Yes	Yes	DA/V/EL	Community College / 4 year College (Current) Average Number of Hours per Week	4_DAVEL	4_CES_Community_Hrs	int	4	
25F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Graduate School (Current) [check box]	4_DAVEL	4_CES_Graduate	bit	1	
26F	No	No	No	Yes	Yes	Yes	DA/V/EL	Graduate School (Current) Average Number of Hours per Week	4_DAVEL	4_CES_Graduate_Hrs	int	4	
27F	No	No	No	Yes	No	No	DA/V/EL	Alternative Educational Setting (Current) [check box]	4_DAVEL	4_CES_Alternative	bit	1	
28F	No	No	No	Yes	No	No	DA/V/EL	Alternative Educational Setting (Current) Average Number of Hours per Week	4_DAVEL	4_CES_Alternative_Hrs	int	4	
29F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Other (Current) [check box]	4_DAVEL	4_CES_Other	bit	1	
30F	No	No	No	Yes	Yes	Yes	DA/V/EL	Other (Current) Average Number of Hours per Week	4_DAVEL	4_CES_Other_Hrs	int	4	
31F	No	Yes	No	Yes	Yes	Yes	DA/V/EL	Does one of the client's CURRENT recovery goals include any kind of education AT THIS TIME? [Yes/No]	4_DAVEL	4_Not_In_School	nvarchar	10	
32F	No	No	Yes	Yes	No	No	DA/V/EL	Does the client have age appropriate involvement in school activities? [Yes/No]	4_DAVEL	4_Inv_School_Act	varchar	10	
33F	No	No	Yes	Yes	No	No	DA/V/EL	Does the client have age appropriate involvement in the community? [Yes/No]	4_DAVEL	4_Inv_Community	varchar	10	
34F	No	No	Yes	Yes	No	No	DA/V/EL	Does the client's performance meet developmental expectations? [Yes/No]	4_DAVEL	4_Dev_Expectations	varchar	10	
35F	No	No	Yes	No	No	No	DA/V/EL	WITHIN THE LAST 4 WEEKS, on average how many HOURS PER DAY did the client attend classes?	4_DAVEL	4_4wk_Avg_Hrs_Day_Class	int	4	
36F	No	Yes	Yes	Yes	No	No	DA/V/EL	Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)? [Yes/No]	4_DAVEL	4_Special_Education	varchar	10	
37F	No	Yes	Yes	Yes	No	No	DA/V/EL	Is the client receiving special education due to another reason? [Yes/No]	4_DAVEL	4_Another_Reason	varchar	10	
38F	No	No	Yes	Yes	No	No	DA/V/EL	Does the client have a CURRENT Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)? [Yes/No]	4_DAVEL	4_IEP_IFSP	varchar	10	
39F	No	No	Yes	Yes	No	No	DA/V/EL	Does this client CURRENTLY receive Regional Center Services? [Yes/No]	4_DAVEL	4_Regional_Center	varchar	10	
40F	No	No	Yes	Yes	No	No	DA/V/EL	Is the client CURRENTLY receiving home study? [Yes/No]	4_DAVEL	4_Home_Study	varchar	10	
41F	No	No	Yes	Yes	No	No	DA/V/EL	DURING THE LAST 12 MONTHS, on an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)?	4_DAVEL	4_12Mo_Hrs_Wk_Extra	int	4	
42F	No	No	Yes	Yes	No	No	DA/V/EL	WITHIN THE LAST 4 WEEKS, on an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)?	4_DAVEL	4_4Wk_Hrs_Wk_Extra	int	4	
43F	No	Yes	Yes	Yes	No	No	DA/V/EL	Estimate the client's attendance level (excluding scheduled breaks and excused absences) DURING THE PAST 12 MONTHS: [Dropdown List]	4_DAVEL	4_12Mo_Attendance	int	4	
44F	No	Yes	Yes	Yes	No	No	DA/V/EL	Estimate the client's attendance level (excluding scheduled breaks and excused absences) CURRENTLY: [Dropdown List]	4_DAVEL	4_Current_Attendance	int	4	
45F	No	Yes	Yes	Yes	No	No	DA/V/EL	CURRENTLY, his/her grades are: [Dropdown List]	4_DAVEL	4_Current_Grades	int	4	
46F	No	Yes	Yes	Yes	No	No	DA/V/EL	IN THE LAST 12 MONTHS, the client's grades were: [Dropdown List]	4_DAVEL	4_12Mo_Grades_12MoID	int	4	

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47F	No	Yes	Yes	Yes	No	No	DA/V/EL	DURING THE PAST 12 MONTHS the client had: Number of Suspensions	4_DAVEL	4_12Mo_Suspensions	int	4	
48F	No	Yes	Yes	Yes	No	No	DA/V/EL	Number of Expulsions	4_DAVEL	4_12Mo_Expulsions	int	4	
49F	No	Yes	No	No	No	Yes	DA/V/EL	ADL - Bathing [Radio Button]	4_DAVEL	4_BathingID	int	4	
50F	No	Yes	No	No	No	Yes	DA/V/EL	ADL - Dressing [Radio Button]	4_DAVEL	4_DressingID	int	4	
51F	No	Yes	No	No	No	Yes	DA/V/EL	ADL - Toileting [Radio Button]	4_DAVEL	4_ToiletingID	int	4	
52F	No	Yes	No	No	No	Yes	DA/V/EL	ADL - Transfer [Radio Button]	4_DAVEL	4_TransferID	int	4	
53F	No	Yes	No	No	No	Yes	DA/V/EL	ADL - Continenence [Radio Button]	4_DAVEL	4_ContinenenceID	int	4	
54F	No	Yes	No	No	No	Yes	DA/V/EL	ADL - Feeding [Radio Button]	4_DAVEL	4_FeedingID	int	4	
55F	No	Yes	No	No	No	Yes	DA/V/EL	ADL - Walking [Radio Button]	4_DAVEL	4_WalkingID	int	4	
56F	No	Yes	No	No	No	Yes	DA/V/EL	ADL - House-Confinement [Radio Button]	4_DAVEL	4_House_ConfID	int	4	
57F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - Can the client use the telephone? [Dropdown]	4_DAVEL	4_IADL_Tele	int	4	
58F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - Can the client get to places out of walking distance? [Dropdown]	4_DAVEL	4_IADL_Walking	int	4	
59F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - Can the client go shopping for groceries? [Dropdown]	4_DAVEL	4_IADL_Shopping	int	4	
60F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - Can the client prepare his/her own meals? [Dropdown]	4_DAVEL	4_IADL_Prepare	int	4	
61F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - Can the client do his/her own housework? [Dropdown]	4_DAVEL	4_IADL_Housework	int	4	
62F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - Can the client do his/her own handyman work? [Dropdown]	4_DAVEL	4_IADL_Handyman	int	4	
63F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - Can the client do his/her own laundry? [Dropdown]	4_DAVEL	4_IADL_Laundry	int	4	
64F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - If the client takes medication (or if the client had to take medication) could he/she take it on his/her own? [Dropdown]	4_DAVEL	4_IADL_Medication	int	4	
65F	No	Yes	No	No	No	Yes	DA/V/EL	IADL - Can the client manage his/her own money? [Dropdown]	4_DAVEL	4_IADL_Manage	int	4	
66F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Competitive Employment (During the past 12 Months) Number of Weeks	4_DAVEL	4_ET_PCompNum_Weeks	int	4	
67F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Competitive Employment (During the past 12 Months) Average Number of Hours per Week	4_DAVEL	4_ET_PCompAvg_Hours	int	4	
68F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Competitive Employment (During the past 12 Months) Average Hourly Wage	4_DAVEL	4_ET_PCompAvg_Wage	smallmoney	4	
69F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Supported Employment (During the past 12 Months) Number of Weeks	4_DAVEL	4_ET_SupportNum_Weeks	int	4	
70F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Supported Employment (During the past 12 Months) Average Number of Hours per Week	4_DAVEL	4_ET_SupportAvg_Hours	int	4	
71F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Supported Employment (During the past 12 Months) Average Hourly Wage	4_DAVEL	4_ET_SupportAvg_Wage	smallmoney	4	
72F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Transitional Employment / Enclave (During the past 12 Months) Number of Weeks	4_DAVEL	4_ET_PSupNum_Weeks	int	4	
73F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Transitional Employment / Enclave (During the past 12 Months) Average Number of Hours per Week	4_DAVEL	4_ET_PSupAvg_Hours	int	4	

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74F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Transitional Employment / Enclave (During the past 12 Months) Average Hourly Wage	4_DAVEL	4_ET_PSupAvg_Wage	smallmoney	4	
75F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business) (During the past 12 Months) Number of Weeks	4_DAVEL	4_ET_PinNum_Weeks	int	4	
76F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business) (During the past 12 Months) Average Number of Hours per Week	4_DAVEL	4_ET_PinAvg_Hours	int	4	
77F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business) (During the past 12 Months) Average Hourly Wage	4_DAVEL	4_ET_PinAvg_Wage	smallmoney	4	
78F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Non-paid (Volunteer) Work Experience (During the past 12 Months) Number of Weeks	4_DAVEL	4_ET_NonPNum_Weeks	int	4	
79F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Non-paid (Volunteer) Work Experience (During the past 12 Months) Average Number of Hours per Week	4_DAVEL	4_ET_NonPAvg_Hours	int	4	
80F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Other Gainful / Employment Activity (During the past 12 Months) Number of Weeks	4_DAVEL	4_ET_Other_Weeks	int	4	
81F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Other Gainful / Employment Activity (During the past 12 Months) Average Number of Hours per Week	4_DAVEL	4_ET_Other_Hours	int	4	
82F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Other Gainful / Employment Activity (During the past 12 Months) Average Hourly Wage	4_DAVEL	4_ET_Other_Wage	smallmoney	4	
83F	No	Yes	Yes	Yes	No	Yes	DA/V/EL	Unemployed (During the past 12 Months) Number of Weeks	4_DAVEL	4_ET_UnNum_Weeks	int	4	
84F	No	No	Yes	No	Yes	Yes	DA/V/EL	Retired (During the past 12 Months) Number of Weeks	4_DAVEL	4_ET_RetNum_Weeks	int	4	
85F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Competitive Employment (Current) Average Number of Hours per Week	4_DAVEL	4_CE_PcompAvgHours	int	4	
86F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Competitive Employment (Current) Hourly Wage	4_DAVEL	4_CE_PCompWage	smallmoney	4	
87F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Supported Employment (Current) Average Number of Hours per Week	4_DAVEL	4_CE_SupAvgHours	int	4	
88F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Supported Employment (Current) Hourly Wage	4_DAVEL	4_CE_SupWage	smallmoney	4	
89F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Transitional Employment / Enclave (Current) Average Number of Hours per Week	4_DAVEL	4_CE_PSupHours	int	4	
90F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Transitional Employment / Enclave (Current) Hourly Wage	4_DAVEL	4_CE_PSupWage	smallmoney	4	

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Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
91F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business) (Current) Average Number of Hours per Week	4_DAVEL	4_CE_PinAvgHours	int	4	
92F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business) (Current) Hourly Wage	4_DAVEL	4_CE_PinWage	smallmoney	4	
93F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Non-paid (Volunteer) Work Experience (Current) Average Number of Hours per Week	4_DAVEL	4_CE_NonPAvgHours	int	4	
94F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Other Gainful/Employment Activity (Current) Average Number of Hours per Week	4_DAVEL	4_CE_OtherAvgHours	int	4	
95F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Other Gainful/Employment Activity (Current) Hourly Wage	4_DAVEL	4_CE_OtherWage	smallmoney	4	
96F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Is the client unemployed AT THIS TIME? [Yes/No]	4_DAVEL	4_Not_Employed	varchar	10	
97F	No	Yes	Yes	Yes	Yes	Yes	DA/V/EL	Does one of the client's CURRENT recovery goals include any kind of employment AT THIS TIME? [Yes/No]	4_DAVEL	4_ET_Current_Goals	varchar	10	
98F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Date Modified	4_DAVEL	4_Date_Modified	datetime	8	
99F	No	No	Yes	Yes	Yes	Yes	DA/V/EL	Modified By	4_DAVEL	4_Modified_By	varchar	50	Added
1G	No	No	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client states that he/she is in good physical health? [Yes/No]	5_Physical_Health	5_Good_Cond	varchar	10	
2G	No	No	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Client states that he/she is in good physical health? [Yes/No]	5_Physical_Health	5_Good_Cond12Mo	varchar	10	
3G	No	No	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client has access to needed medical services? [Yes/No]	5_Physical_Health	5_Meds_Svs	varchar	10	
4G	No	No	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Client has access to needed medical services [Yes/No]	5_Physical_Health	5_Med_Svs_12Mo	varchar	10	
5G	No	No	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client receives needed medical services? [Yes/No]	5_Physical_Health	5_Rec_Meds_Svs	varchar	10	
6G	No	No	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Client receives needed medical services? [Yes/No]	5_Physical_Health	5_Rec_Med_Svs12Mo	varchar	10	
7G	No	Yes	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client has a primary care physician? [Yes/No]	5_Physical_Health	5_Prim_Care	varchar	10	
8G	No	Yes	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Client has a primary care physician? [Yes/No]	5_Physical_Health	5_Prim_Care12Mo	varchar	10	
9G	No	No	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client uses a primary care physician? [Yes/No]	5_Physical_Health	5_Prim_Phy	varchar	10	
10G	No	No	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Client uses a primary care physician? [Yes/No]	5_Physical_Health	5_Prim_Phys12Mo	varchar	10	
11G	No	No	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client has access to needed dental services? [Yes/No]	5_Physical_Health	5_Dental_Svs	varchar	10	
12G	No	No	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Client has access to needed dental services? [Yes/No]	5_Physical_Health	5_Dental_Svs12Mo	varchar	10	
13G	No	No	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client receives needed dental services? [Yes/No]	5_Physical_Health	5_Rec_Dental_Svs	varchar	10	
14G	No	No	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Client receives needed dental services? [Yes/No]	5_Physical_Health	5_Rec_Dental_Svs12Mo	varchar	10	

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Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
15G	No	No	Yes	Yes	No	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client demonstrates signs of regressive behavior (bed wetting, soiling)?	5_Physical_Health	5_Reg_Behavior	varchar	10	
16G	No	No	Yes	Yes	No	Yes	Physical Health	LAST 12 MONTHS: Client demonstrates signs of regressive behavior (bed wetting, soiling)? [Yes/No]	5_Physical_Health	5_Reg_Behavior12Mo	varchar	10	
17G	No	No	Yes	Yes	No	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client demonstrates self-injurious behavior? [Yes/No]	5_Physical_Health	5_Self_Inj	varchar	10	
18G	No	No	Yes	Yes	No	Yes	Physical Health	LAST 12 MONTHS: Client demonstrates self-injurious behavior? [Yes/No]	5_Physical_Health	5_Self_Inj12Mo	varchar	10	
19G	No	No	Yes	Yes	No	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client has violent encounters? [Yes/No]	5_Physical_Health	5_Violent_Enc	varchar	10	
20G	No	No	Yes	Yes	No	Yes	Physical Health	LAST 12 MONTHS: Client has violent encounters? [Yes/No]	5_Physical_Health	5_Violent_Enc12Mo	varchar	10	
21G	No	No	No	No	No	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Client has a caretaker relationship? [Yes/No]	5_Physical_Health	5_Caretaker_Rel	varchar	10	
22G	No	No	No	No	No	Yes	Physical Health	LAST 12 MONTHS: Client has a caretaker relationship? [Yes/No]	5_Physical_Health	5_Caretaker_Rel12Mo	varchar	10	
23G	No	No	No	No	No	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Is the caretaker a paid In-Home Worker? [Yes/No]	5_Physical_Health	5_Paid_In_Home	varchar	10	
24G	No	No	No	No	No	Yes	Physical Health	LAST 12 MONTHS: Is the caretaker a paid In-Home Worker? [Yes/No]	5_Physical_Health	5_Paid_In_Home12Mo	varchar	10	
25G	No	No	No	No	No	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Is the caretaker a paid Supported Transitional Worker? [Yes/No]	5_Physical_Health	5_Paid_Supported	varchar	10	
26G	No	No	No	No	No	Yes	Physical Health	LAST 12 MONTHS: Is the caretaker a paid Supported Transitional Worker? [Yes/No]	5_Physical_Health	5_Paid_Supported12Mo	varchar	10	
27G	No	No	No	No	No	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Is the caretaker a significant other? [Yes/No]	5_Physical_Health	5_Sign_Other	varchar	10	
28G	No	No	No	No	No	Yes	Physical Health	LAST 12 MONTHS: Is the caretaker a significant other? [Yes/No]	5_Physical_Health	5_Sign_Other12Mo	varchar	10	
29G	No	No	No	No	No	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Is the caretaker a family member? [Yes/No]	5_Physical_Health	5_Family	varchar	10	
30G	No	No	No	No	No	Yes	Physical Health	LAST 12 MONTHS: Is the caretaker a family member? [Yes/No]	5_Physical_Health	5_Family12Mo	varchar	10	
31G	No	No	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Is the client obese (based on BMI)? [Yes/No]	5_Physical_Health	5_Obese	varchar	10	
32G	No	No	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Is the client obese (based on BMI)? [Yes/No]	5_Physical_Health	5_Obese12Mo	varchar	10	
33G	No	No	Yes	Yes	Yes	Yes	Physical Health	CURRENT (LAST 4 WEEKS): Has the client EVER been told by a physician that he/she has diabetes? [Yes/No]	5_Physical_Health	5_Diabetes	varchar	10	
34G	No	No	Yes	Yes	Yes	Yes	Physical Health	LAST 12 MONTHS: Has the client EVER been told by a physician that he/she has diabetes?	5_Physical_Health	5_Diabetes12m	varchar	10	
35G	No	No	Yes	Yes	No	No	Physical Health	Is the client pregnant? [Yes/No]	5_Physical_Health	5_Client_Pregnant	varchar	10	

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Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
36G	No	No	Yes	Yes	No	No	Physical Health	Is the client receiving prenatal care? [Yes/No]	5_Physical_Health	5_Rec_Prenatal_Care	varchar	10	
37G	No	No	No	No	No	Yes	Physical Health	Based o the Mini Mental Status Exam (MMSE), the client presented with symptoms of cognitive impairment? [Yes/No]	5_Physical_Health	5_MMSE_Symptoms	varchar	10	
38G	No	No	No	No	No	Yes	Physical Health	If yes, what level: [Dropdown]	5_Physical_Health	5_MMSE_LevelID	int	4	
39G	No	No	No	No	No	Yes	Physical Health	Based on the Confusion Assessment Method (CAM), the client presented with symptoms of delirium? [Yes/No]	5_Physical_Health	5_CAM_Symptoms	varchar	10	
40G	No	No	No	No	No	Yes	Physical Health	If yes, identify the most appropriate: [Dropdown]	5_Physical_Health	5_CAM_LevelID	int	4	
41G	No	No	No	No	No	Yes	Physical Health	Based on the Geriatric Depression Scale (GDS), the client presented with depressive symptoms? [Yes/no]	5_Physical_Health	5_GDS	varchar	10	
42G	No	No	Yes	Yes	Yes	Yes	Physical Health	Did the client receive physical health services from a DHS clinic or hospital IN THE PAST 12 MONTHS? [Yes/No]	5_Physical_Health	5_DHS_Svs	varchar	10	
43G	No	No	Yes	Yes	Yes	Yes	Physical Health	Does the client have a chronic physical health care problem or problems that require periodic medical services? [Yes/No]	5_Physical_Health	5_Chron_Health	varchar	10	
44G	No	No	Yes	Yes	Yes	Yes	Physical Health	Date Modified	5_Physical_Health	5_Date_Modified	datetime	8	
45G	No	No	Yes	Yes	Yes	Yes	Physical Health	Modified By	5_Physical_Health	5_Modified_By	varchar	50	Added
1H	No	No	Yes	Yes	Yes	Yes	CS / PMRT	Did the client receive services in an Emergency Room or Crisis Stabilization IN THE LAST 12 MONTHS? [Yes/No]	6_Hospitalization_CrisisStabilization	6_Admit_Emergency	varchar	10	
2H	No	Yes	Yes	Yes	Yes	Yes	CS / PMRT	Identify how many times in Emergency Room for: Physical Health	6_Hospitalization_CrisisStabilization	6_ER_Physical	int	4	
3H	No	Yes	Yes	Yes	Yes	Yes	CS / PMRT	Psychiatric	6_Hospitalization_CrisisStabilization	6_ER_Psychiatric	int	4	
4H	No	Yes	Yes	Yes	Yes	Yes	CS / PMRT	Substance Abuse	6_Hospitalization_CrisisStabilization	6_ER_Sub_Abuse	int	4	
5H	No	Yes	Yes	Yes	Yes	Yes	CS / PMRT	Identify how many times in Crisis Stabilization for: Psychiatric	6_Hospitalization_CrisisStabilization	6_Crisis_Psychiatric	int	4	
6H	No	Yes	Yes	Yes	Yes	Yes	CS / PMRT	Substance Abuse	6_Hospitalization_CrisisStabilization	6_Crisis_Sub_Abuse	int	4	
7H	No	No	Yes	Yes	Yes	Yes	CS / PMRT	Total Services	6_Hospitalization_CrisisStabilization	6_Admit_Times	int	4	
8H	No	No	Yes	Yes	Yes	Yes	CS / PMRT	Was the client seen by a Psychiatric Mobile Response Team or 24/7 Response Team WITHIN THE LAST 12 MONTHS? [Yes/No]	6_Hospitalization_CrisisStabilization	6_PMRT	varchar	10	
9H	No	No	Yes	Yes	Yes	Yes	CS / PMRT	How many times?	6_Hospitalization_CrisisStabilization	6_PMRT_Times	int	4	
10H	No	No	Yes	Yes	Yes	Yes	CS / PMRT	Did any of the Psychiatric Mobile Response Team or 24/7 Response Team calls result in a hospitalization? [Yes/No]	6_Hospitalization_CrisisStabilization	6_PMRT_Call	varchar	10	
11H	No	No	Yes	Yes	Yes	Yes	CS / PMRT	How many times?	6_Hospitalization_CrisisStabilization	6_PMRT_Call_Times	int	4	
12H	No	No	Yes	Yes	Yes	Yes	CS / PMRT	Date Modified	6_Hospitalization_CrisisStabilization	6_Date_Modified	datetime	8	
13H	No	No	Yes	Yes	Yes	Yes	CS / PMRT	Modified By	6_Hospitalization_Crisis Stabilization	6_Modified_By	varchar	50	Added
1J	No	No	Yes	Yes	Yes	Yes	Legal	Did the client have contact with the police WITHIN THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Police_Contact	varchar	10	
2J	No	No	Yes	Yes	Yes	Yes	Legal	Was the contact related to mental health issues? [Yes/No]	7_Legal	7_Contact_MH_Related	varchar	10	
3J	No	No	Yes	Yes	Yes	Yes	Legal	Was the contact related to substance abuse issues? [Yes/No]	7_Legal	7_Contact_Substance_Related	varchar	10	

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Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
4J	No	No	Yes	Yes	Yes	Yes	Legal	Was the client arrested anytime DURING THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Client_Arrested	varchar	10	
5J	No	Yes	Yes	Yes	Yes	Yes	Legal	Indicate the number of times the client was arrested DURING THE PAST 12 MONTHS.	7_Legal	7_Arrest_Times	int	4	Corrected Field Name
6J	No	No	Yes	Yes	Yes	Yes	Legal	How many were misdemeanor arrests?	7_Legal	7_Num_Misdemeanor	int	4	
7J	No	No	Yes	Yes	Yes	Yes	Legal	How many were felony arrests?	7_Legal	7_Num_Felonies	int	4	
8J	No	No	Yes	Yes	Yes	Yes	Legal	Were any of the arrests related to a mental health issue? [Yes/No]	7_Legal	7_Legal_JusticeSys_MH_Related	varchar	10	
9J	No	No	Yes	Yes	Yes	Yes	Legal	Were any of the arrests related to a substance abuse issue? [Yes/No]	7_Legal	7_Legal_JusticeSys_Substance_Related	varchar	10	
10J	No	No	Yes	Yes	Yes	Yes	Legal	Was the client detained in juvenile justice system or incarcerated WITHIN THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Client_JusticeSys	varchar	10	
11J	No	No	Yes	Yes	Yes	Yes	Legal	Was treatment court ordered WITHIN THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Court_Ordered_Tx	varchar	10	
12J	No	Yes	Yes	Yes	Yes	Yes	Legal	Was the client arrested anytime PRIOR TO THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Client_JusticeSys_Prior	varchar	10	
13J	No	Yes	Yes	Yes	Yes	Yes	Legal	Has the client been on probation DURING THE PAST 12 MONTHS? [Yes/No]	7_Legal	7_Child_Prob	varchar	10	
14J	No	No	Yes	Yes	No	No	Legal	If yes, what type: [Dropdown List]	7_Legal	7_Child_Prob_TypeID	int	4	
15J	No	Yes	Yes	Yes	Yes	Yes	Legal	Is the client CURRENTLY on probation? [Yes/No]	7_Legal	7_Child_Curr_Prob	varchar	10	
16J	No	No	No	No	Yes	Yes	Legal	Name of Probation / Parole Officer	7_Legal	7_Prob_Officer	nvarchar	100	
17J	No	Yes	Yes	Yes	Yes	Yes	Legal	Was the client on probation PRIOR TO THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Child_Prob_Prior	varchar	10	
18J	No	No	Yes	Yes	No	No	Legal	Is the client CURRENTLY a ward of the court according to W & I Code 601/602 Status? [Yes/No]	7_Legal	7_Client_Ward_601_602	varchar	10	
19J	No	No	Yes	Yes	No	No	Legal	Has the client been a ward of the court according to W&I Code 601 / 602 status at any time DURING THE PAST 12 MONTHS? [Yes/No]	7_Legal	7_Client_Ward_601_602_Prior	varchar	10	
20J	No	Yes	Yes	Yes	Yes	Yes	Legal	Was the client on any kind of parole DURING THE PAST 12 MONTHS? [Yes/No]	7_Legal	7_Child_Parole	varchar	10	
21J	No	Yes	Yes	Yes	No	No	Legal	Is the client CURRENTLY on parole from the California Youth Authority / Division of Juvenile Justice? [Yes/No]	7_Legal	7_Child_Curr_Parole	varchar	10	
22J	No	Yes	Yes	Yes	Yes	Yes	Legal	Was the client on any kind of parole PRIOR TO THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Child_Parole_Prior	varchar	10	
23J	No	No	Yes	Yes	No	No	Legal	Was client detained in child welfare system WITHIN THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Child_Welfare	varchar	50	
24J	No	Yes	Yes	Yes	No	No	Legal	Did the client become a dependent of the court IN THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Child_Dependent	varchar	50	
25J	No	Yes	Yes	Yes	No	No	Legal	Was the client a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Child_Dependent_Prior	varchar	50	
26J	No	Yes	Yes	Yes	No	No	Legal	If the client was ever a dependent of the court, indicate the year he/she was first placed on W & I Code 300 Status	7_Legal	7_Child_300Status	int	4	
27J	No	Yes	Yes	Yes	No	No	Legal	Is the client CURRENTLY a dependent of the court according to W & I Code 300 Status? [Yes/No]	7_Legal	7_Child_Curr_WardDept	varchar	50	
28J	No	No	Yes	Yes	Yes	Yes	Legal	Client uses substances? [Yes/No]	7_Legal	7_Uses_Subs	varchar	10	
29J	No	No	Yes	Yes	Yes	Yes	Legal	Client abuses substances? [Yes/No]	7_Legal	7_Abuses_Subs	varchar	10	

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Num	Deleted	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name	Data Type	Length	Notes
30J	No	Yes	Yes	Yes	Yes	Yes	Legal	In the opinion of the Partnership Service Coordinator, has the client EVER had a co-occurring mental illness and substance use problem? [Yes/No]	7_Legal	7_Client_Sub_Use_Prior	varchar	10	Corrected Field Name
31J	No	Yes	Yes	Yes	Yes	Yes		In the opinion of the Partnership Service Coordinator, does the client CURRENTLY have an active co-occurring mental illness and substance use problem?	7_Legal	7_Client_Subs_Use			Field name was missing on documentation.
	Yes	Yes	Yes	Yes	Yes	Yes	Legal	Is this an active problem? [Yes/No]	7_Legal	7_Client_Active_Prob	varchar	10	
32J	No	Yes	Yes	Yes	Yes	Yes	Legal	Is the client CURRENTLY receiving substance abuse services? [Yes/No]	7_Legal	7_Client_Subs_Current	varchar	10	
33J	No	Yes	Yes	Yes	No	Yes	Legal	Was the client on conservatorship DURING THE LAST 12 MONTHS? [Yes/No]	7_Legal	7_Client_Conserved	varchar	10	
34J	No	Yes	Yes	Yes	No	Yes	Legal	Was the client on conservatorship anytime PRIOR to the last 12 months? [Yes/No]	7_Legal	7_Client_Conserved_Prior	varchar	10	
35J	No	Yes	Yes	Yes	No	Yes	Legal	Is the client CURRENTLY on conservatorship? [Yes/No]	7_Legal	7_Client_Conserved_Current	varchar	10	
	Yes	No	Yes	Yes	No	Yes	Legal	If yes, with whom?	7_Legal	7_Client_Conserved_Whom	nvarchar	100	
36J	No	No	No	No	No	Yes	Legal	Does the client have a Probate Conservator? [Yes/No]	7_Legal	7_Client_Probate	varchar	10	
	Yes	No	No	No	No	Yes	Legal	If yes, with whom?	7_Legal	7_Client_Probate_Whom	nvarchar	100	
37J	No	No	No	No	No	Yes	Legal	Does the client have a Power of Attorney? [Yes/No]	7_Legal	7_Client_PowerAttorney	varchar	10	
	Yes	No	No	No	No	Yes	Legal	If yes, with whom?	7_Legal	7_Client_PowerAttorneyWhom	nvarchar	100	
38J	No	Yes	Yes	Yes	Yes	Yes	Legal	Indicate the total number of children the <u>client</u> has who are CURRENTLY: (If the client has no children enter 0 in the following boxes.) Placed on W & I 300 Status: (Dependent of the court)	7_Legal	7_Num_300Status	int	4	
39J	No	Yes	Yes	Yes	Yes	Yes	Legal	Placed in Foster Care:	7_Legal	7_Num_Foster	int	4	
40J	No	Yes	Yes	Yes	Yes	Yes	Legal	Legally Reunified with the client:	7_Legal	7_Num_Reunified_Client	int	4	
41J	No	Yes	Yes	Yes	Yes	Yes	Legal	Adopted Out:	7_Legal	7_Num_AdoptedOut	int	4	
42J	No	No	Yes	Yes	Yes	Yes	Legal	Living with the client:	7_Legal	7_Num_Child_Client	int	4	
43J	No	No	Yes	Yes	Yes	Yes	Legal	Date Modified	7_Legal	7_Date_Modified	datetime	8	
44J	No	No	Yes	Yes	Yes	Yes	Legal	Modified By	7_Legal	7_Modified_By	nvarchar	50	Added